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CLAIMS ONLY							Application Number 99/892345		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	✓						51					
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43							93					
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45							95					
46		/					96					
47							97					
48							98					
49							99					
50							100					
Total Indep	60						Total Indep					
Total Depend	19						Total Depend					
Total Claims	25						Total Claims					